



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

Inventor:

Stephen T. Kuehn et al.

Appln. No.:

10/784,674

Filed

February 23, 2004

For

MITRAL AND TRICUSPID VALVE

REPAIR

Docket No.:

S16.12-0135

Group Art Unit: 3731

Examiner: Julian W. Woo

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 I HEREBY CERTIFY THAT THIS PAPER IS BEING SENT BY U.S. MAIL, FIRST CLASS, TO THE COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, THIS

13 DAY OF Sept

Hallie a Finicare

Sir:

The patents or publications listed on the enclosed PTO Form-1449 are submitted pursuant to 37 C.F.R. § 1.97. Copies of the patents or publications cited are enclosed, except as waived by the Official Gazette notice of August 5, 2003 regarding copies of U.S. Patents and Published Applications.

This application relies, under 35 U.S.C. § 120, on the earlier filing date of prior Application No. 09/694,293, filed on October 23, 2000. References listed on the enclosed PTO Form 1449 were submitted to and/or cited by the Office in the prior application and copies are therefore not required to be provided herewith under 37 C.F.R. § 1.98(d).

TIME OF FILING

An information disclosure statement is being filed by the applicant within any one of the following time periods:

x 1. Within three month of the filing date of a national application other that a Continued
Prosecution Application (CPA);

- 2. Within three months of the date of entry of the National Stage international application;
- 3. Before the mailing date of a first Office Action on the merits, or
- 4. Before the mailing of a first Office Action after the filing of a Request for Continue Examination (RCE).

METHOD OF PAYMENT

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The Director is authorized to charge any fee deficiency required by this paper or credit any overpayment to Deposit Account No. 23-1123. A duplicate copy of this communication is enclosed.

Respectfully submitted,

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FORM PTO-1449						Atty. Docket No.: \$16.12-0135			Appl. No.: 10/784,674		
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